

## **SPEECH THERAPY**

### **Service Description**

**H052-KB**

A service that provides evaluations, program recommendations and/or treatment/training in receptive and expressive language, voice, articulation and fluency.

This service provides evaluation, assessment, training, and/or treatment to Division members and is designed to maintain or improve participation and independence. This service shall develop and train members and their caregivers in therapeutic activities in order for the member and caregivers to be able to implement the activities throughout the member's day (referred to as a "home program"). Evaluation, assessment, training, and treatment are based on outcomes identified in the member's planning document [e.g., Individual Support Plan ("ISP")].

### **Service Requirements and Limitations**

1. This service is intended for members over the age of three (3) years.
2. This service shall be provided with a caregiver/responsible person present and participating in the therapy session.
3. This service may be provided in the following settings:
  - 3.1 The member's home;
  - 3.2 The member's community setting;
  - 3.3 A group home;
  - 3.4 A developmental home (child or adult);
  - 3.5 A skilled nursing facility;
  - 3.6 An Intermediate Care Facility ("ICF");
  - 3.7 The Qualified Vendor's office/center; or
  - 3.8 A Day Treatment and Training location as identified in the member's planning document under the following circumstances:
    - 3.8.1 With the Day Treatment and Training staff present and learning how to implement activities to meet the member's outcomes(s) and in conjunction with the home program, or

3.8.2 At the request of the member or member's representative and with the agreement of the Day Treatment and Training program. A caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill the Division for the time in which the therapy is occurring.

4. This service shall not be provided when the member is hospitalized.
5. This service shall utilize a coaching process and style of interaction to build the capacity of the member/family/caregivers to meet the member's planning document outcomes.
6. This service requires a Primary Care Provider ("PCP") or attending physician's order (i.e., prescription). An evaluation does not require a prescription.

## **Service Goals and Objectives**

### Service Goals

1. To address the member's unique skills in the following areas:
  - 1.1 Oral peripheral mechanism;
  - 1.2 Eating (feeding);
  - 1.3 Language levels;
  - 1.4 Phonation/respiration;
  - 1.5 Imitation, inner (cognitive) language, receptive and expressive language, sign language;
  - 1.6 Articulation; and
  - 1.7 Equipment needs including adaptation and/or modifications for augmentative/ assistive technology.
2. To support and enhance the member's ability to participate in activities, routines, and events of everyday life.
3. To assist the member and the family/caregivers in supporting the member's development and participation to incorporate learning opportunities throughout the existing daily routine.

### Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. The therapist conducts or obtains an evaluation/assessment of the member's development.
  - 1.1 The evaluation/assessment addresses the concerns and questions of the member's planning team as identified in the member's planning document.
  - 1.2 The evaluation is conducted by a qualified therapist trained to use appropriate methods and procedures for the member being evaluated.
  - 1.3 The evaluation/assessment of the member's development shall include:
    - 1.3.1 A review of pertinent records related to the member's current health status and medical history;
    - 1.3.2 An evaluation of the member's level of functioning and assessment of the unique needs of the member;
    - 1.3.3 An interview with the member and his/her family/caregivers using appropriate questionnaires;
    - 1.3.4 Direct observations by the therapist; and
    - 1.3.5 Standardized tests and procedures (as appropriate).
  - 1.4 The evaluation/assessment must result in written evaluation reports. The reports shall:
    - 1.4.1 Address the concerns and questions of the member's planning team;
    - 1.4.2 Recommend outcomes and strategies for the member's planning document;
    - 1.4.3 Recommend a home program to be incorporated into the member's daily routine; and
    - 1.4.4 Document other recommendations, as identified, such as equipment needs.
  - 1.5 The therapist reviews and discusses evaluation/assessment results with the member/member's representative and other planning team members.
2. The therapist participates on the member's planning team by:
  - 2.1 Collaborating with the planning team to ensure that all services, supports, and strategies are coordinated and focus on assisting the member and his/her caregivers to participate in desired activities.
  - 2.2 Reviewing and synthesizing information from all assessments, evaluations, pertinent records, member and family reports, observations, and other sources of information.

- 2.3 Identifying potential outcomes to be incorporated into the member's planning document.
- 2.4 Identifying potential strategies/teaming methodologies to meet the therapy outcomes.
- 2.5 Documenting and reporting progress toward therapy outcomes.
- 3. The therapist/therapy assistant provides intervention, treatment, and training when professional skills are required to implement outcomes of the member's planning document.
- 4. The therapist develops, trains, and monitors a home program for the member that:
  - 4.1 Contains specific activities that the member and his/her family/caregivers can do each day to help the member to meet his/her outcomes.
  - 4.2 Is part of the member's daily routines;
  - 4.3 Is reviewed and updated by the therapist as part of all treatment sessions; and
  - 4.4 Is documented in each quarterly report including progress, oversight, changes, and/or additions.
- 5. When therapy is no longer reasonable and necessary on a regular basis, a therapist shall assess and establish a functional maintenance program for the member to achieve the outcomes.
  - 5.1 The therapist shall reassess and revise the maintenance program as needed.
- 6. Discharge planning is assessed throughout service delivery.

### **Service Utilization Information**

- 1. The member's planning document identifies the need for evaluation and assessment.
- 2. The outcomes identified in the member's planning document support the model of service delivery.
- 3. The member's planning team determines who will assist the member in attaining the outcomes.
- 4. All planning team members contribute to the discussion and documentation for types and frequency of services for the member and are not unilateral decision-makers.
- 5. The therapist follows a physician's order (i.e., prescription) for the frequency and duration of services for the member.

6. Services for the member are time-limited and are revised consistent with ongoing assessment and attainment of anticipated outcomes.
7. Service delivery methods, times, days, and locations are flexible and meet the requirements of the member, the member's representative, and his/her caregivers.
8. The therapist makes recommendations for needed equipment, possible adaptations, and repairs and supports the member and his/her family/caregivers in its use.
  - 8.1 The therapist monitors any equipment that supports the member's outcomes related to their discipline.

## **Rate Basis**

1. Published. The published rate is based on one (1) hour of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

## **Direct Service Staff Qualifications**

1. The Qualified Vendor shall ensure that all direct service providers (therapists and therapy assistants) meet all applicable licensure requirements in order to provide therapy services, including:
  - 1.1 Speech Therapy services must be provided by:
    - 1.1.1 A qualified Speech-Language Pathologist or Speech-Language Pathology Assistant ("SLPA") that holds a license issued by the Arizona Department of Health Services ("ADHS") pursuant to Arizona Revised Statutes ("A.R.S."), Title 36, Chapter 1940.
      - 1.1.1.1 A Speech-Language Pathologist utilizing a licensed Speech-Language Pathology Assistant must adhere to the supervision licensure requirements from A.R.S. § 36-1940.01(E), (F), and (G).
    - 1.1.2 A Speech-Language Pathologist who has temporary license from ADHS and is completing a clinical fellowship year ("CFY"). He/she must be under the direct supervision of an American Speech-Language-Hearing Association ("ASHA") certified Speech-Language Pathologist. Arizona Health Care Cost Containment System ("AHCCCS") registration will be terminated at the end of two (2) years if the fellowship is not completed at that time.

- 1.2 Each Speech-Language Pathologist and Speech-Language Pathology Assistant shall have a National Provider Identifier (“NPI”).
2. The Qualified Vendor and/or appropriate staff shall attend administrative meetings, orientation, and various trainings required by the Division.

### **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall submit an evaluation report to the member’s Support Coordinator, the member/member’s representative, and the PCP within three (3) weeks of the completion of the evaluation.
  - 1.1 The content of the evaluation report shall include, at a minimum, the Division’s therapy evaluation reporting requirements as identified on the Therapy Assessment/Evaluation Report form.
2. The Qualified Vendor shall ensure that the therapist maintains contact notes for each therapy session and submits the notes to the Division as requested.
3. The Qualified Vendor shall submit a quarterly individualized progress report on the member to the member’s Support Coordinator, the member/member representative, and the PCP. The quarter is based on the member’s annual planning cycle. The first quarterly progress report is due no later than the fifteenth (15<sup>th</sup>) day following the end of the quarter in which the service is initiated. Subsequent quarterly progress reports are due no later than the fifteenth (15<sup>th</sup>) day following the end of the quarter.
  - 3.1 The content of the report shall include, at a minimum, the Division’s therapy quarterly progress reporting requirements as identified on the Division’s Quarterly Therapy Progress/Discharge Report form.
4. The Qualified Vendor shall submit a discharge summary report to the member’s Support Coordinator, the member/member’s representative, and the PCP no later than the tenth (10<sup>th</sup>) business day after closure of services or a change of a Qualified Vendor.
  - 4.1 The content of the report shall include at a minimum, the Division’s discharge summary reporting requirements as identified on the Division’s Quarterly Therapy Progress/Discharge Report form.
5. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each direct service staff (therapists/therapy assistants) providing direct service to members.
  - 5.1 Each time sheet, equivalent document, or data system must contain the original signature or other independent verification of the member/member’s representative after service delivery confirming the hours worked. Proof of hours worked must be

signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.

6. The Qualified Vendor shall maintain a copy of the member's current physician's order (i.e., prescription) for therapy services in the member's record.
7. Upon initiation of service for the member and each month thereafter, the Qualified Vendor shall verify and update current information from the member/family/caregivers about the member's insurance coverage, Third Party Liability ("TPL") . Updated information shall be provided to the member's Support Coordinator in the method requested by the Division.
8. The Qualified Vendor shall provide and maintain updated information regarding availability, capacity, and contact information in the Division's Therapy Directory as directed by the Division.
9. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.